

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR OBTAINING A MARK ON A LOW SURFACE ENERGY OPHTHALMIC LENS
Attorney Docket Number::	0579-1090
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DOMINIQUE
Middle Name::
Family Name:: CONTE
Name Suffix::
City of Residence:: SAINT-DIZIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 99, RUE DES CLEFMONTS
Address::
City of Mailing Address:: SAINT-DIZIER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-52100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: GERHARD
Middle Name::
Family Name:: KELLER
Name Suffix::
City of Residence:: ST MAUR DES FOSSES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 37 BIS, AVENUE MISS CAVELL
Address::
City of Mailing Address:: ST MAUR DES FOSSES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-94100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GERARD

Middle Name::

Family Name:: WILLEMIN

Name Suffix::

City of Residence:: CHAMPIGNY SUR MARNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 5, RUE ETIENNE BRULE

Address::

City of Mailing Address:: CHAMPIGNY SUR MARNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-94500

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/03334	11/7/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/14356	11/15/02	Yes

Assignment Information

Assignee Name:: ESSILOR INTERNATIONAL
(COMPAGNIE GENERALE D'OPTIQUE)

Street of Mailing 147, RUE DE PARIS

Address::

City of Mailing Address:: CHARENTON LE PONT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94220